

WAVE Dentistry

PATIENT INSURANCE PROVIDER INFORMATION

Insurance company _____ Date: _____

Policy holder Name: _____ Date of Birth _____

Patient Name _____ Date of Birth _____

Policy # _____

Group # _____

Coverage Calendar year _____ or Benefit year _____

Current Fee Guide _____ 1 year lag _____ 2 year lag _____

(Note if your plan does not cover current fee guides you will pay the difference)

Complete (exam 01103) Once every 3 rolling years _____ once every 2 years other _____

RECALL Exam (01202) Once every 6 months plus a day _____ once every 9 months _____ other _____

Flouride varnish(12113) yes _____ no _____ age restrictions _____

Hygiene cleaning/scaling total units per benefit year _____ Calendar year _____ can you receive a preauthorization for more if needed? _____

Composite fillings White _____ Amalgam _____

X-rays:

02601 PAN _____ 02144 Bite Wings _____

Basic % example exams, hygiene, fillings _____

Major % example crowns and bridges _____

Ortho % age restriction or life time limit _____

13211- Oral Health Education _____

14611Mouth-Guard _____ Ferrari _____

13401 Sealants _____ Age restrictions _____

Coverage single _____ family _____ age of student and name of institution _____

Insurance Rep and contact number _____

Know your insurance coverage so no surprises!